

*Case of Extra-Uterine Gestation Treated by Abdominal Section.*

At a late meeting of the Royal Medical and Chirurgical Society (*British Med. Journal*, May 15, 1880), Mr. LAWSON TAIT reported a third case which differed from the two previously read before the Society, in that the operation was performed before the death of the child, whose life was saved, but the mother succumbed to the operation.

Mrs. S., aged 33, had been married fourteen years and had had six children. Since her last menstruation, in May, 1879, she had been in constant pain, of which a severe attack occurred in July. In October she became satisfied she was pregnant; and Mr. Lattey, under whose care she was, suspecting the nature of the case, asked Mr. Tait to see her. A large abdominal swelling was evidently a pregnancy, and to the left of the umbilicus was a prominent mass, which, from its rhythmic contraction, was clearly the uterus, and was attached to the larger mass behind it. The head of the child was detected between the rectum and vagina. The pain becoming agonizing, and being unrelieved by opiates, an operation was determined on. Ether was administered on the morning of January 31st; and, on making the median incision, the empty uterus was found, and the cyst, which was the right broad ligament, was opened and the child removed without difficulty; the edges of the opening in the cyst were then secured to those of the parietal wound, leaving an opening for the discharge of the placenta, and the peritoneal cavity was closed. The child was at first profoundly narcotized, but was now, three months afterwards, thriving and well. The death of the mother, which occurred on the fourth day, seemed to be from protracted shock.

At the *post-mortem* examination, there were found some morbid appearances in the liver, and *ante-mortem* clots in the heart, but no peritonitis. The cyst proved to be the broad ligament, as diagnosed, and there was a deciduous lining in the uterus in process of separation. The Fallopian tube had been ruptured at its lower aspect, the ovum thus escaping into the tissue of the broad ligament; and the case confirmed the author's opinion that all extra-uterine pregnancies were originally tubal, that the tube burst between eight and twelve weeks, and where this did not produce death, an extra-uterine pregnancy was completed. The unfavourable result to the mother was due to the delay in the operation; but the case was of interest from the saving of the child. The child might have been removed by vaginal section, but the presence of large venous sinuses in every direction made it likely that any injury to one of them would be fatal; and in vaginal section it was impossible to see what to avoid.

Mr. SPENCER WELLS did not think it necessary to assume that rupture of the Fallopian tube occurred in all cases of extra-uterine pregnancy. An ovum might escape at the end of the tube and lodge anywhere. In a case of combined intra-uterine and extra-uterine pregnancy which he had examined, there was no rupture of the tube.

Dr. JOHN HARLEY suggested operation for the removal of the fœtus as soon as a correct diagnosis could be made. In a case under his care at St. Thomas's Hospital, a woman had a painful tumour in the side of the abdomen. He at first thought it to be malignant, especially as it increased in size. Soon, however, he found it to be an extra-uterine pregnancy. The woman was transferred to the obstetric wards, and was not operated on till pregnancy was far advanced. The children lived for two or three months, but the woman died.

Mr. TAIT said that the placenta had been left in the wound, as first recommended by Keberlé. In such cases, it was gradually removed, and the wound healed from the bottom. The pathology of extra-uterine pregnancy was too extensive to discuss at present; but he had treated of the subject fully elsewhere.

and he adhered to his belief that in all the cases where examination had been made there was rupture of the Fallopian tube.

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*Case of Extra-Uterine Fætation about the Seventh Month of Pregnancy; Sudden Urgent Symptoms; Removal of Fætus by Abdominal Section; Death.*

At a late meeting of the Obstetrical Society of London Dr. BRAXTON HICKS narrated the following case: The patient, aged twenty-nine, married ten years, had had two children, one seven years, the other four years since; no miscarriages. In April, 1879, she was taken with severe vomiting and abdominal pain, for which she was kept in bed a month. After getting up, she said that her womb came down. In July she was admitted into Guy's Hospital under Dr. Galabin, and then thought herself about six months pregnant. Only the fact of pregnancy, together with the swelling behind the cervix, was then made out, and she shortly left the hospital. In the first week of August she was re-admitted under the author, in the absence of his colleague. A tense enlargement then extended on the right side, three inches from the middle line, up as high as the umbilicus, whence it rose nearly to the left ribs, towards the flank, and extended downwards, filling the whole left hypogastric region. This evidently contained a living fœtus. A so-called "placental bruit" was heard over the centre of the abdomen, below the umbilicus. The cervix protruded through the vulva, the external os being patulous, so that the finger could reach the internal os, which was closed. The sound could not be carried into the uterus beyond the unimpregnated length. For greater assurance he had a sponge-tent introduced into the uterus, but nothing was found within but some fragments of decidua. At the end of a week she was suddenly taken with increased pain and distension of lower abdomen, shortly followed by collapse and pallor, pulse rising to 140, thready, temperature normal. She said that, while sitting by the side of the bed, she felt something give way in her lower abdomen, upon which the fœtus kicked violently, and then she became faint, and shortly after the movements ceased entirely. Three hours later the author found her in great distress from the tension, saw that evidently blood had been effused internally, and decided to operate, as the only chance for her life. This was done under carbolic spray, the incision being made in the median line, which had now become the most prominent part. A cavity was opened, containing a large quantity of dark, watery blood, which had evidently been effused within the placental area, and had been the cause of the symptoms. After its escape, the chorion was ruptured, and the lifeless fœtus, about the size of a large six months normal fœtus, extracted. Not much more blood flowed, and the wound was closed except an opening an inch and a half long. The patient, however, began to show signs of sinking, and died shortly after. At the *autopsy* it was found that the placenta extended up the abdominal wall in front almost to the umbilicus, and was not attached to uterus or bladder. The sac was adherent in all directions to intestines and other parts. Its lowest portion was attached in front of the uterus and behind the bladder. On the anterior surface of the uterus was a pedunculated fibroid as large as a walnut. The right Fallopian tube, firmly bound by adhesions, crossed the anterior surface of the uterus, and was attached to the lower surface of the fibroid, terminating in some loose tissue under the placenta. The right ovary was adherent to the right side of the amnial sac, and contained a large corpus luteum. The author remarked—(1) that the case was the analogue of concealed accidental hemorrhage in normal pregnancy; (2) that it was a clear case of true ventral pregnancy; and (3) he asked the opinion of the Society how the hemorrhage should be stopped if the operation were performed during active fetal life, and the placenta found